

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

06/27/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name: The University of New Mexico

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

856000642

\* c. UEI:

F6XLTRUQJEN4

### d. Address:

\* Street1: 1 University of New Mexico

Street2:

\* City: Albuquerque

County/Parish:

Bernalillo

\* State: NM: New Mexico

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 87131-0001

### e. Organizational Unit:

Department Name:

Sponsored Projects - Main - Br

Division Name:

Controller Operations

### f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name:

Timothy

Middle Name:

\* Last Name: Wester

Suffix:

Title: CRA Sponsored Projects Officer

Organizational Affiliation:

The University of New Mexico

\* Telephone Number: 505-277-4186

Fax Number: 505-277-4185

\* Email: osp@unm.edu

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

### Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

### Type of Applicant 3: Select Applicant Type:

### \* Other (specify):

### \* 10. Name of Federal Agency:

Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.203

### CFDA Title:

Environmental Finance Center Grants

### \* 12. Funding Opportunity Number:

EPA-I-OW-OWM-22-01

### \* Title:

ENVIRONMENTAL FINANCE CENTER GRANT PROGRAM

### 13. Competition Identification Number:

NONE

### Title:

None

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

BIL EFC - Reg 6 - Environmental Finance Center Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant NM-001

\* b. Program/Project NM-001

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 01/01/2023

\* b. End Date: 12/31/2027

**18. Estimated Funding (\$):**

* a. Federal	10,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,000,000.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name: Timothy

Middle Name:

\* Last Name: Wester

Suffix:

\* Title: CRA Sponsored Projects Officer

\* Telephone Number: 505-277-4186 Fax Number: 505-277-4185

\* Email: osp@unm.edu

\* Signature of Authorized Representative: Timothy Wester \* Date Signed: 06/27/2022